

10/594494

IAP01 Rec'd PCT/PTO 28 SEP 2006

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: END CONNECTION

Attorney Docket Number:: 1009765-000065

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Switzerland

Status:: Full Capacity

Given Name:: Ruedi

Middle Name::

Family Name:: HESS

Name Suffix::

City of Residence:: Tegerfelden

State or Province of Residence::

Country of Residence:: Switzerland

Street of Mailing Address:: Alte Döttingerstrasse 8

City of Mailing Address:: Tegerfelden

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-5306

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Switzerland

Status:: Full Capacity

Given Name::	Rolf
Middle Name::	
Family Name::	SCHMID
Name Suffix::	
City of Residence::	Lenzburg
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Gartenstrasse 30
City of Mailing Address::	Lenzburg
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-5600
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Carsten
Middle Name::	
Family Name::	VON BIRCKHAHN
Name Suffix::	
City of Residence::	Reinach
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Hauptstrasse 17

City of Mailing Address:: Reinach

State or Province of Mailing
Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing
Address:: CH-5734

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
----------------------	--------------------------	-----------------------------	---------------------------------

This Application	National Stage of	PCT/CH2005/000181	03/03/05
------------------	-------------------	-------------------	----------

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
------------------	-----------------------------	----------------------	-------------------------------

Switzerland	547/04	03/30/04	Yes
-------------	--------	----------	-----

Assignee Information

Assignee Name:: Mamutec AG

Street of Mailing Address:: Sumpfstrasse 6,

City of Mailing Address:: Zug

State or Province of Mailing
Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing
Address::

CH-6300